



TRANSMITTAL FORM

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Total Number of Pages in This Submission

Application Number	09/865,242
Filing Date	May 25, 2001
First Named Inventor	FITZHUGH, Anthony L.
Art Unit	1615
Examiner Name	FUBARA, Blessing M.
Attorney Docket Number	PA397 CON1

ENCLOSURES (Check all that apply)

- ☐ Fee Transmittal Form
- ☐ Fee Attached
- ☐ Amendment/Reply
 - ☐ After Final
 - ☐ Affidavits/declaration(s)
- ☐ Extension of Time Request
- ☐ Express Abandonment Request
- ☐ Information Disclosure Statement
- ☐ Certified Copy of Priority Document(s)
- ☐ Reply to Missing Parts/Incomplete Application
 - ☐ Reply to Missing Parts under 37 CFR 1.52 or 1.53

- ☐ Drawing(s)
- ☐ Licensing-related Papers
- ☐ Petition
 - ☐ Petition to Convert to a Provisional Application
 - ☒ Power of Attorney, Revocation
 - ☐ Change of Correspondence Address
- ☐ Terminal Disclaimer
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- ☐ Landscape Table on CD

- ☐ After Allowance Communication to TC
- ☐ Appeal Communication to Board of Appeals and Interferences
- ☐ Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
- ☐ Proprietary Information
- ☐ Status Letter
- ☒ Other Enclosure(s) (please identify below):
Issue Fee Transmittal and Return Postcard

Remarks

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	Medtronic Vascular, Inc.
Signature	
Printed name	Michael J. Jaro
Date	December 14, 2004

Reg. No.	34,472
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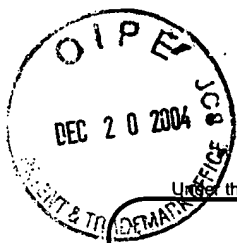
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PTO/SB/82 (09-04)

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CHANGE OF CORRESPONDENCE ADDRESS**

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I hereby revoke all previous powers of attorney given in the above-identified application.

☐ A Power of Attorney is submitted herewith.

OR

☒ I hereby appoint the practitioners associated with the Customer Number:

28390

☐ Please change the correspondence address for the above-identified application to:

☒ The address associated with
Customer Number:

28390

OR

☐ Firm or
Individual Name

Address

City

State

Zip

Country

Telephone

Fax

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature

Name

Michael J. Jaro

Date

December 14, 2004

Telephone

(707) 566-1746

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ *Total of _____ forms are submitted.

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